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PP
3/8/01Attorney Docket No. F-5076 DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Herman et al.

Group No.: Unknown

Serial No.: Unknown

Examiner: Unknown

Filed: Herewith

For: Systems and Methods for Removing Viral Agents from Blood

Assistant Commissioner for Patents
Washington, D.C. 20231

ASSOCIATE POWER OF ATTORNEY (37 CFR 1.34)

Please recognize as Associate Attorneys in this case:

Bradford R.L. Price, Jr. (Reg. No. 29,101)
Baxter Healthcare Corporation
PO Box 490 (RLP-30)
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Round Lake, IL 60073
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Baxter Healthcare Corporation
PO Box 490 (RLP-30)
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and

Amy Rockwell (Reg. No. 32,094)
Baxter Healthcare Corporation
PO Box 490 (RLP-30)
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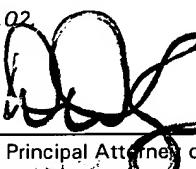
NOTE: Correspondence will be had with the associate attorney, unless the principal attorney directs otherwise. MPEP § 403.01.

NOTE: An associate attorney may not appoint another attorney. MPEP § 402.02.

Reg. No.: 29,243

Tel. No.: (262) 783 - 1300

(Signature of Principal Attorney of Record)


Daniel D. Ryan

(Type or print name of attorney)

RYAN KROMHOLZ & MANION, S.C.

(P.O. Address)

Post Office Box 26618

Milwaukee, Wisconsin 53226

Attorney's Docket No. F-507

**COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)**

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- original
- design
- supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

- national stage of PCT

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- divisional
- continuation
- continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

Systems and Methods for Removing Viral Agents from Blood

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

- (a) is attached hereto as filed on October 28, 1996, as Serial No. 08/742,572, and the allowed claims of which are attached.
- (b) was filed on _____ as Serial No. 09/_____ or Express Mail No., as Serial No. not yet known _____ and was amended on _____ (if applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

- (c) was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

(also check the following item, if desired)

- [] In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) [x] no such applications have been filed.
(e) [] such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

**A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN
12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS
APPLICATION AND ANY PRIORITY CLAIMS UNDER
35 U.S.C. § 119**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			[] YES NO []
			[] YES NO []
			[] YES NO []
			[] YES NO []
			[] YES NO []

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Daniel D. Ryan, Reg. No. 29,243
Joseph A. Kromholz, Reg. No. 34,204
John M. Manion, Reg. No. 38,957
Allan O. Maki, Reg. No. 20,623
Paul R. Puerner, Reg. No. 18,427

Arnold J. Ericsen, Reg. No. 16,879
Ralph G. Hohenfeldt, Reg. No. 17,717
Patricia Jones, Reg. No. P-46,318
Daniel R. Johnson, Reg. No. P-46,204

(check the following item, if applicable)

[] Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

Bradford R. L. Price, Esquire
Baxter Healthcare Corporation
Fenwal Division. RLP-30
P. O. Box 490
Route 120 and Wilson Road
Round Lake, Illinois 60073

DIRECT TELEPHONE CALLS TO: (Name and telephone number)

Bradford R. L. Price
(847) 270-2632

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

ROBERT (GIVEN NAME)	E. (MIDDLE INITIAL OR NAME)	HERMAN FAMILY (OR LAST NAME)
Inventor's signature	<i>Robert E. Herman</i>	
Date 1/6/2000	Country of Citizenship USA	REH 1/6/2000
Residence	LINDENHURST, ILLINOIS	
Post Office Address	542 NORTHGATE ROAD 630 # GELDEN LANE LINDENHURST, ILLINOIS	

Full name of second joint inventor, if any

JOHN (GIVEN NAME)	<i>John</i>	CHAPMAN FAMILY (OR LAST NAME)
Inventor's signature	<i>John</i>	
Date 1-3-2000	Country of Citizenship USA	
Residence	LAKE VILLA, ILLINOIS	
Post Office Address	67 KEVIN AVENUE LAKE VILLA, ILLINOIS 60046	

Full name of third joint inventor, if any

CHONG-SON (GIVEN NAME)	(MIDDLE INITIAL OR NAME)	SUN FAMILY (OR LAST NAME)
Inventor's signature	<i>Chong Son</i>	
Date	Country of Citizenship USA	
Residence	LAKE FOREST, ILLINOIS	
Post Office Address	530 GOLF LANE LAKE FOREST, ILLINOIS 60045	

Full name of fourth joint inventor, if any

JEAN (GIVEN NAME)	M. (MIDDLE INITIAL OR NAME)	MATHIAS FAMILY (OR LAST NAME)
Inventor's signature	<i>Jean</i>	
Date	Country of Citizenship BELGIUM	
Residence	LILLOIS, BELGIUM	
Post Office Address	AVENUE DU TONNELIER 46 1428 LILLOIS, BELGIUM	

Full name of fifth joint inventor, if any

VERONIQUE (GIVEN NAME)	(MIDDLE INITIAL OR NAME)	MAYAUDON FAMILY (OR LAST NAME)
Inventor's signature	<i>Veronique</i>	
Date	Country of Citizenship BELGIUM	
Residence	ESTINNES, BELGIUM	
Post Office Address	RUE DES TRIEUX 56 7120 ESTINNES, BELGIUM	

SIGNATURE(S)

NOTE: Carefully indicate the family (last) name as it should appear on the filing slip and all other documents.

Full name of sole or first inventor

ROBERT
(GIVEN NAME)**E.**
(MIDDLE INITIAL OR NAME)**HERMAN**
FAMILY (OR LAST NAME)

Inventor's signature

Country of Citizenship **USA**

Date _____

LINDENHURST, ILLINOIS

Residence _____

542 NORTHGATE ROAD

Post Office Address _____

LINDENHURST, ILLINOIS

Full name of second joint inventor, if any

JOHN

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

CHAPMAN

FAMILY (OR LAST NAME)

Inventor's signature

Country of Citizenship **USA**Date **1-3-2000**

LAKE VILLA, ILLINOIS

Residence _____

67 KEVIN AVENUE

Post Office Address _____

LAKE VILLA, ILLINOIS 60046

Full name of third joint inventor, if any

CHONG-SON

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

SUN

FAMILY (OR LAST NAME)

Inventor's signature

Country of Citizenship **USA**

Date _____

LAKE FOREST, ILLINOIS

Residence _____

530 GOLF LANE

Post Office Address _____

LAKE FOREST, ILLINOIS 60045

Full name of fourth joint inventor, if any

JEAN

(GIVEN NAME)

M.

(MIDDLE INITIAL OR NAME)

MATHIAS

FAMILY (OR LAST NAME)

Inventor's signature

Country of Citizenship **BELGIUM**

Date _____

LILLOIS, BELGIUM

Residence _____

AVENUE DU TONNELIER 46

Post Office Address _____

1428 LILLOIS, BELGIUM

Full name of fifth joint inventor, if any

VERONIQUE

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

MAYAUDON

FAMILY (OR LAST NAME)

Inventor's signature

Country of Citizenship **BELGIUM**

Date _____

ESTINNES, BELGIUM

Residence _____

RUE DES TRIEUX 56

Post Office Address _____

7120 ESTINNES, BELGIUM

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

ROBERT _____ **E.** _____ **HERMAN**
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship _____ USA

Residence _____ LINDENHURST, ILLINOIS

Post Office Address _____ 542 NORTHGATE ROAD

LINDENHURST, ILLINOIS

Full name of second joint inventor, if any

JOHN _____ **CHESTER** _____ **CHAPMAN**
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date 1-3-2000 Country of Citizenship _____ USA

Residence _____ LAKE VILLA, ILLINOIS

Post Office Address _____ 67 KEVIN AVENUE

LAKE VILLA, ILLINOIS 60046

Full name of third joint inventor, if any

CHONG-SON _____ **CHONG-SON** _____ **SUN**
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date 1-7-2000 Country of Citizenship _____ USA

Residence _____ LAKE FOREST, ILLINOIS

Post Office Address _____ 530 GOLF LANE 1051 Highland Ave. CS Y7/00

LAKE FOREST, ILLINOIS 60045

Full name of fourth joint inventor, if any

JEAN _____ **M.** _____ **MATHIAS**
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship _____ BELGIUM

Residence _____ LILLOIS, BELGIUM

Post Office Address _____ AVENUE DU TONNELIER 46

1428 LILLOIS, BELGIUM

Full name of fifth joint inventor, if any

VERONIQUE _____ **(MIDDLE INITIAL OR NAME)** _____ **MAYAUDON**
(GIVEN NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship _____ BELGIUM

Residence _____ ESTINNES, BELGIUM

Post Office Address _____ RUE DES TRIEUX 56

7120 ESTINNES, BELGIUM

SIGNATURE(S)

NOTE: Carefully indicate the family (last) name as it should appear on the filing record and all other documents.

Full name of sole or first inventor

ROBERT _____ **E.** _____ **HERMAN** _____
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship _____ USA

Residence _____ LINDENHURST, ILLINOIS

Post Office Address _____ 542 NORTHGATE ROAD

LINDENHURST, ILLINOIS

Full name of second joint inventor, if any

JOHN _____ **CHEPOME** _____ **CHAPMAN** _____
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date 13-2000 Country of Citizenship USA

Residence _____ LAKE VILLA, ILLINOIS

Post Office Address _____ 67 KEVIN AVENUE

LAKE VILLA, ILLINOIS 60046

Full name of third joint inventor, if any

CHONG-SON _____ **SUN** _____
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship USA

Residence _____ LAKE FOREST, ILLINOIS

Post Office Address _____ 530 GOLF LANE

LAKE FOREST, ILLINOIS 60045

Full name of fourth joint inventor, if any

JEAN _____ **M.** _____ **MATHIAS** _____
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date 13 JANUARY 2000 Country of Citizenship BELGIUM

Residence _____ LILLOIS, BELGIUM

Post Office Address _____ AVENUE DU TONNELIER 46

1428 LILLOIS, BELGIUM

Full name of fifth joint inventor, if any

VERONIQUE _____ **MAYAUDON** _____
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship BELGIUM

Residence _____ ESTINNES, BELGIUM

Post Office Address _____ RUE DES TRIEUX 56

7120 ESTINNES, BELGIUM

SIGNATURE(S)

NOTE: Carefully indicate the family (last) name as it should appear on the filing ~~copy~~ and all other documents.

Full name of sole or first inventor

ROBERT	E.	HERMAN
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature		
Date	Country of Citizenship	USA
Residence	LINDENHURST, ILLINOIS	
Post Office Address	542 NORTHGATE ROAD LINDENHURST, ILLINOIS	

Full name of second joint inventor, if any

JOHN	CHAPMAN	
(GIVEN NAME)	FAMILY (OR LAST NAME)	
Inventor's signature	<i>John Chapman</i>	
Date 1-3-2000	Country of Citizenship USA	
Residence	LAKE VILLA, ILLINOIS	
Post Office Address	67 KEVIN AVENUE LAKE VILLA, ILLINOIS 60046	

Full name of third joint inventor, if any

CHONG-SON	SUN	
(GIVEN NAME)	FAMILY (OR LAST NAME)	
Inventor's signature	<i>Chong-Son</i>	
Date	Country of Citizenship USA	
Residence	LAKE FOREST, ILLINOIS	
Post Office Address	530 GOLF LANE LAKE FOREST, ILLINOIS 60045	

Full name of fourth joint inventor, if any

JEAN	M.	MATHIAS
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature	<i>Veronique</i>	<i>MATHIAS</i>
Date	Country of Citizenship	BELGIUM
Residence	LILLOIS, BELGIUM	
Post Office Address	AVENUE DU TONNELIER 46 1428 LILLOIS, BELGIUM	

Full name of fifth joint inventor, if any

VERONIQUE	V. 9 Jan 2000 MAYAUDON	
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature	<i>Veronique</i>	<i>MAYAUDON</i>
Date	Country of Citizenship	BELGIUM
Residence	ESTINNES, BELGIUM	
Post Office Address	RUE DES TREUX 56 7120 ESTINNES, BELGIUM	
	GOGNIES-CHAUSSEE - FRANCE	
	RUE PASTEUR 58	
	59600 GOGNIES-CHAUSSEE	
	VM 7-1-00	
	FRANCE	

CHECK PROPER BOX FOR ANY OF THE FOLLOWING ADDRESSEES WHICH
FORMS A PART OF THIS DECLARATION

[] Signature for sixth and subsequent joint inventors. Number of pages added 1

* * *

[] Signature by administrator(trix), executor(trix) or legal representative for deceased or
incapacitated inventor. Number of pages added _____

* * *

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37
CFR 1.47. Number of pages added _____

* * *

[] Added pages to combined declaration and power of attorney for divisional, continuation, or
continuation-in-part (CIP) application.

[] Number of pages added _____

* * *

[] Authorization of attorney(s) to accept and follow instructions from representative

* * *

*(If no further pages form a part of this declaration then end this declaration with this
page and check the following item.)*

[] This declaration ends with this page

SIGNATURE(S)

NOTE: Carefully indicate the family (last) name as it should appear on the filing and all other documents.

Full name of sole or sixth inventor

SERGE (GIVEN NAME)	(MIDDLE INITIAL OR NAME)	de GHELDERE FAMILY (OR LAST NAME)
Inventor's signature	Serge de Gheledere	
Date <u>13 JAN 2000</u>	Country of Citizenship	<u>BELGIUM</u>
Residence	<u>HOEILAART, BELGIUM</u>	
Post Office Address	<u>WAVERSEESTENWEG 101</u> <u>HOEILAART - 1560, BELGIUM</u>	

Full name of seventh joint inventor, if any

DANIEL (GIVEN NAME)	J. (MIDDLE INITIAL OR NAME)	BISCHOF FAMILY (OR LAST NAME)
Inventor's signature		
Date	Country of Citizenship	<u>USA</u>
Residence	<u>McHENRY, ILLINOIS</u>	
Post Office Address	<u>4913 RAINTREE COURT</u> <u>McHENRY, ILLINOIS 60050</u>	

Full name of eighth joint inventor, if any

(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature		
Date	Country of Citizenship	
Residence		
Post Office Address		

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing and all other documents.

Full name of sole or sixth inventor

SERGE (GIVEN NAME)	(MIDDLE INITIAL OR NAME)	de GHELDERE FAMILY (OR LAST NAME)
Inventor's signature		
Date	Country of Citizenship	BELGIUM
Residence	HOEILAART, BELGIUM	
Post Office Address	WAVERSESTEENWEG 101 HOEILAART - 1560, BELGIUM	

Full name of seventh joint inventor, if any

DANIEL (GIVEN NAME)	S. F. (MIDDLE INITIAL OR NAME)	BISCHOF FAMILY (OR LAST NAME)
Inventor's signature	<i>Daniel Bischof</i>	
Date	Country of Citizenship	USA
Residence	McHENRY, ILLINOIS	
Post Office Address	4913 RAINTREE COURT McHENRY, ILLINOIS 60050	

Full name of eighth joint inventor, if any

(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature		
Date	Country of Citizenship	
Residence		
Post Office Address		

Attorney's Docket No. F-5076

**COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
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As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

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 design
 supplemental

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 continuation
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TITLE OF INVENTION
Systems and Methods for Removing Viral Agents from Blood

SPECIFICATION IDENTIFICATION

the specification of which: (*complete (a), (b) or (c)*)

- (a) is attached hereto.
(b) was filed on October 28, 1996 as Serial No. 08/742,572
or Express Mail No., as Serial No. not yet known _____
and was amended on _____ (if applicable).

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- (c) was described and claimed in PCT International Application No. _____ filed on _____
and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

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I acknowledge the duty to disclose information which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

(also check the following item, if desired)

- In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) no such applications have been filed.
(e) such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

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12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS
APPLICATION AND ANY PRIORITY CLAIMS UNDER
35 U.S.C. S 119**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUM- BER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

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POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Ralph G. Hohenfeldt (17,717)
Daniel D. Ryan (29,243)

Allan O. Maki (20,623)
Philip P. Mann (30,960)

(check the following item, if applicable)

Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

Bradford R.L. Price, Esquire
Baxter Healthcare Corporation
Fenwal Division. RLP-30
P.O. Box 490
Route 120 and Wilson Road
Round Lake, Illinois 60073

Bradford R.L. Price
(847) 270 - 2632

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

<u>ROBERT</u> (GIVEN NAME)	<u>E.</u> (MIDDLE INITIAL OR NAME)	<u>HERMAN</u> FAMILY (OR LAST NAME)
Inventor's signature <u>X Robert Herman</u>	Date <u>1 June 9, 1997</u>	Country of Citizenship _____
Residence _____	<u>LINDENHURST, ILLINOIS</u>	
Post Office Address _____	<u>542 NORTHGATE ROAD</u>	
<u>LINDENHURST, IL 60046</u>		

Full name of second joint inventor, if any

<u>JOHN</u> (GIVEN NAME)	<u>Chapman</u> (MIDDLE INITIAL OR NAME)	<u>CHAPMAN</u> FAMILY (OR LAST NAME)
Inventor's signature <u>X John Chapman</u>	Date <u>6/9/97</u>	Country of Citizenship <u>USA</u>
Residence _____	<u>LAKE VILLA, ILLINOIS</u>	
Post Office Address _____	<u>67 KEVIN AVENUE</u>	
<u>LAKE VILLA, ILLINOIS 60046</u>		

Full name of third joint inventor, if any

<u>CHONG-SON</u> (GIVEN NAME)	<u>SUN</u> (MIDDLE INITIAL OR NAME)	<u>SUN</u> FAMILY (OR LAST NAME)
Inventor's signature <u>X Chong Son</u>	Date <u>6/10/97</u>	Country of Citizenship _____
Residence _____	<u>LAKE FOREST, ILLINOIS</u>	
Post Office Address _____	<u>530 GOLF LANE</u>	
<u>LAKE FOREST, ILLINOIS 60045</u>		

Full name of fourth joint inventor, if any

<u>JEAN</u> (GIVEN NAME)	<u>M</u> (MIDDLE INITIAL OR NAME)	<u>MATHIAS</u> FAMILY (OR LAST NAME)
Inventor's signature _____	Country of Citizenship <u>BELGIUM</u>	
Date _____	<u>LILLOIS, BELGIUM</u>	
Residence _____	<u>AVENUE DU TONNELIER 46</u>	
Post Office Address _____	<u>1428 LILLOIS, BELGIUM</u>	

Full name of fifth joint inventor, if any

<u>VERONIQUE</u> (GIVEN NAME)	<u>MAYAUDON</u> (MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature _____	Country of Citizenship <u>BELGIUM</u>	
Date _____	<u>ESTINNES, BELGIUM</u>	
Residence _____	<u>RUE DES TRIEUX 56</u>	
Post Office Address _____	<u>7120 ESTINNES, BELGIUM</u>	

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

<u>ROBERT</u> (GIVEN NAME)	<u>(MIDDLE INITIAL OR NAME)</u>	<u>HERMAN</u> FAMILY (OR LAST NAME)
Inventor's signature _____	_____	
Date _____	Country of Citizenship _____	
Residence _____	_____	
Post Office Address _____	_____	

Full name of second joint inventor, if any

<u>JOHN</u> (GIVEN NAME)	<u>(MIDDLE INITIAL OR NAME)</u>	<u>CHAPMAN</u> FAMILY (OR LAST NAME)
Inventor's signature _____	_____	
Date _____	Country of Citizenship	USA
Residence _____	LAKE VILLA, ILLINOIS	
Post Office Address _____	67 KEVIN AVENUE	LAKE VILLA, ILLINOIS 60046

Full name of third joint inventor, if any

<u>CHONG</u> (GIVEN NAME)	<u>S</u>	<u>SUN</u> FAMILY (OR LAST NAME)
Inventor's signature _____	<u>(MIDDLE INITIAL OR NAME)</u>	_____
Date _____	Country of Citizenship	_____
Residence _____	LAKE FOREST, ILLINOIS	
Post Office Address _____	530 GOLF LANE	LAKE FOREST, ILLINOIS 60045

Full name of fourth joint inventor, if any

<u>JEAN</u> (GIVEN NAME)	<u>M</u>	<u>MATHIAS</u> FAMILY (OR LAST NAME)
Inventor's signature <u>X</u> <u>Jeanne</u>	<u>(MIDDLE INITIAL OR NAME)</u>	_____
Date <u>X 13 MAY 1997</u>	Country of Citizenship	BELGIUM
Residence _____	LILLOIS, BELGIUM	
Post Office Address _____	AVENUE DU TONNELIER 46	1428 LILLOIS, BELGIUM

Full name of fifth joint inventor, if any

<u>VERONIQUE</u> (GIVEN NAME)	<u>(MIDDLE INITIAL OR NAME)</u>	<u>MAYAUDON</u> FAMILY (OR LAST NAME)
Inventor's signature _____	_____	
Date _____	Country of Citizenship	FRANCE
Residence _____	GOEGNIES-CHAUSSEE, FRANCE	
Post Office Address _____	RUE PASTEUR 58	GOEGNIES-HAUSSEE, FRANCE F-59600

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

<u>ROBERT</u> (GIVEN NAME)	<u>(MIDDLE INITIAL OR NAME)</u>	<u>HERMAN</u> FAMILY (OR LAST NAME)
Inventor's signature _____	Country of Citizenship _____	
Date _____		
Residence _____		
Post Office Address _____		

[Redacted]

Full name of second joint inventor, if any

<u>JOHN</u> (GIVEN NAME)	<u>(MIDDLE INITIAL OR NAME)</u>	<u>CHAPMAN</u> FAMILY (OR LAST NAME)
Inventor's signature _____	Country of Citizenship _____	USA
Date _____		
Residence _____	LAKE VILLA, ILLINOIS	
Post Office Address _____	67 KEVIN AVENUE	
	LAKE VILLA, ILLINOIS 60046	

[Redacted]

Full name of third joint inventor, if any

<u>CHONG</u> (GIVEN NAME)	<u>S</u> (MIDDLE INITIAL OR NAME)	<u>SUN</u> FAMILY (OR LAST NAME)
Inventor's signature _____	Country of Citizenship _____	
Date _____		
Residence _____	LAKE FOREST, ILLINOIS	
Post Office Address _____	530 GOLF LANE	
	LAKE FOREST, ILLINOIS 60045	

[Redacted]

Full name of fourth joint inventor, if any

<u>JEAN</u> (GIVEN NAME)	<u>M</u> (MIDDLE INITIAL OR NAME)	<u>MATHIAS</u> FAMILY (OR LAST NAME)
Inventor's signature _____	Country of Citizenship _____	BELGIUM
Date _____		
Residence _____	LILLOIS, BELGIUM	
Post Office Address _____	AVENUE DU TONNELIER 46	
	1428 LILLOIS, BELGIUM	

[Redacted]

Full name of fifth joint inventor, if any

<u>VERONIQUE</u> (GIVEN NAME)	<u>J</u> (MIDDLE INITIAL OR NAME)	<u>MAYAUDON</u> FAMILY (OR LAST NAME)
Inventor's signature <u>X J. J. You</u>	Country of Citizenship _____	FRANCE
Date <u>22 April 97</u>		
Residence _____	GOURGNIES-CHAUSSEE, FRANCE	
Post Office Address _____	RUE PASTEUR 58	
	GOURGNIES-HAUSSEE, FRANCE F-59600	

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH
FORM A PART OF THIS DECLARATION

[] Signature for sixth and subsequent joint inventors. Number of pages added _____ 1

* * *

[] Signature by administrator(trix), executor(trix) or legal representative for deceased or
incapacitated inventor. Number of pages added _____

* * *

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37
CFR 1.47. Number of pages added _____

* * *

[] Added pages to combined declaration and power of attorney for divisional, continuation, or
continuation-in-part (CIP) application.

[] Number of pages added _____

* * *

[] Authorization of attorney(s) to accept and follow instructions from representative

* * *

*(If no further pages form a part of this declaration then end this declaration with this
page and check the following item:)*

[] This declaration ends with this page

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sixth joint inventor, if any

SERGE _____
(GIVEN NAME) *Serge de Gheldere* _____
(MIDDLE INITIAL OR NAME)
Inventor's signature _____
Date _____ Country of Citizenship BELGIUM
Residence _____ Waversesteenweg 101
Post Office Address _____ HOEILAART - 1560
BELGIUM _____

de Gheldere
FAMILY (OR LAST NAME)

Full name of seventh joint inventor, if any

DANIEL _____ F. _____
(GIVEN NAME) *Daniel* _____
(MIDDLE INITIAL OR NAME)
Inventor's signature X _____
Date X 6/13/97 _____ Country of Citizenship USA
Residence _____ McHENRY, ILLINOIS
Post Office Address _____ 4913 RAINTREE COURT
McHENRY, ILLINOIS 60050 _____

BISCHOF
FAMILY (OR LAST NAME)

Full name of eighth joint inventor, if any

_____ (GIVEN NAME) _____ (MIDDLE INITIAL OR NAME) _____ (FAMILY (OR LAST NAME))
Inventor's signature _____
Date _____ Country of Citizenship _____
Residence _____
Post Office Address _____

JC813 U.S. PRO
09/698079
10/13/96


Serial No. ⁽¹⁾ 08/742,572Filed ⁽¹⁾ 10/28/1996

In consideration of ONE DOLLAR and other good and valuable considerations, the receipt and sufficiency whereof are hereby acknowledged, we hereby assign to BAXTER INTERNATIONAL INC. (hereinafter referred to as "assignee"), a corporation of Delaware, having a principal place of business at DEERFIELD, ILLINOIS, its successors, legal representatives and assigns, the entire right, title and interest throughout the world in our invention or improvements in

(2) SYSTEMS AND METHODS FOR REMOVING VIRAL AGENTS FROM BLOOD

and in the application for Letters Patent of the United States therefor, executed by each of us individually on the date(s) indicated below and any and all other United States applications and applications in any and all countries which we may file, either solely or jointly with others, on said invention or improvements, and in any and all Letters Patent of the United States or of any other country which may be obtained on any of the said applications, and in any reissue or extension thereof.

We hereby authorize and request the Commissioner of Patents to issue said Letters Patent to said BAXTER INTERNATIONAL INC. We hereby authorize and request the attorneys of record in said application to insert in this assignment the date and serial number of said application when officially known.

We warrant ourselves to be the owners of the interest herein assigned and to have the right to make this assignment; and further warrant that there are no outstanding prior assignments, licenses, or other rights in the interest herein assigned.

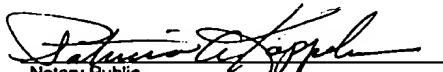
For said considerations we hereby agree, upon the request and at the expense of said assignee, its successors, legal representatives and assigns, to execute any and all divisional, continuation, and renewal applications for said invention or improvements, and any necessary oath or supplemental oath or affidavit relating thereto, and any application for the reissue or extension of any Letters Patent that may be granted upon said application that said assignee, its successors, legal representatives and assigns may deem necessary or expedient, and for the said considerations we further agree, upon the request of said assignee, its successors, legal representatives and assigns, in the event of said application or any division thereof, or Letters Patent issued thereon, or any reissue or application for the reissue thereof becoming involved in interference, to cooperate to the best of our ability with said assignee, its successors, legal representatives and assigns in the matters of preparing and executing the preliminary statement and giving and producing evidence in support thereof. We further agree to perform, upon such request, any and all affirmative acts to obtain Letters Patent, and vest all rights therein hereby conveyed in the said assignee, its successors, legal representatives and assigns whereby said Letters Patent will be held and enjoyed by the said assignee, its successors, legal representatives and assigns to the end of the term for which said Letters Patent may be granted as fully and entirely as the same would have been held and enjoyed by us if this assignment and sale had not been made, and for the said considerations we hereby also assign to said assignee, its successors, legal representatives and assigns the entire right, title and interest in said invention or improvements for any and all foreign countries and the right of priority for patent and utility model applications in all countries arising under any applicable international convention for the protection of industrial property and/or any internal priority legislation of such countries, and we further agree upon the request of said assignee, its successors, legal representatives and assigns to execute any and all documents that shall be required to be executed in connection with any and all applications for foreign Letters Patent therefor, including the prosecution thereof, and to execute any and all documents necessary to invest title in said foreign applications and patents in said assignee.

WITNESS our hand and seal

Date June 9, 1997 Signature Robert Herman
 (3) Typed Name: ROBERT HERMAN

(4) State of Illinois, County of Lake
 Signed before me on this 9th day of June, 1997

by ROBERT HERMAN
 Inventor


 Notary Public

"OFFICIAL SEAL"
 PATRICIA A. KOPPELMAN
 Notary Public, State of Illinois
 My Commission Expires 8/29/98

Date June 9, 1997 Signature John Chapman
 (3) Typed Name: JOHN CHAPMAN

(4) State of Illinois, County of Lake
 Signed before me on this 9th day of June, 1997

by JOHN CHAPMAN
 Inventor


 Notary Public

"OFFICIAL SEAL"
 PATRICIA A. KOPPELMAN
 Notary Public, State of Illinois
 My Commission Expires 8/29/98

Date 6/10/97 Signature Chong-Son Sun
 (3) Typed Name: CHONG-SON SUN

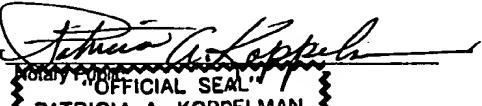
(4) State of Illinois, County of Lake
 Signed before me on this 10th day of June, 1997

by CHONG-SON SUN
 Inventor

Date _____ Signature _____
 (3) Typed Name: JEAN M. MATHIAS

(4) State of _____, County of _____
 Signed before me on this _____ day of _____, 19 _____

by JEAN M. MATHIAS
 Inventor


 Notary Public

"OFFICIAL SEAL"
 PATRICIA A. KOPPELMAN
 Notary Public, State of Illinois
 My Commission Expires 8/29/98

See reverse side for instructions to complete this form.
 THIS DOCUMENT MUST BE EXECUTED IN THE PRESENCE OF A NOTARY PUBLIC

In consideration of ONE DOLLAR and other good and valuable considerations, the receipt and sufficiency whereof are hereby acknowledged, we hereby assign to BAXTER INTERNATIONAL INC. (hereinafter referred to as "assignee"), a corporation of Delaware, having a principal place of business at DEERFIELD, ILLINOIS, its successors, legal representatives and assigns, the entire right, title and interest throughout the world in our invention or improvements in

(2) SYSTEMS AND METHODS FOR REMOVING VIRAL AGENTS FROM BLOOD

and in the application for Letters Patent of the United States therefor, executed by each of us individually on the date(s) indicated below and any and all other United States applications and applications in any and all countries which we may file, either solely or jointly with others, on said invention or improvements, and in any and all Letters Patent of the United States or of any other country which may be obtained on any of the said applications, and in any reissue or extension thereof.

We hereby authorize and request the Commissioner of Patents to issue said Letters Patent to said BAXTER INTERNATIONAL INC.

We hereby authorize and request the attorneys of record in said application to insert in this assignment the date and serial number of said application when officially known.

We warrant ourselves to be the owners of the interest herein assigned and to have the right to make this assignment; and further warrant that there are no outstanding prior assignments, licenses, or other rights in the interest herein assigned.

For said considerations we hereby agree, upon the request and at the expense of said assignee, its successors, legal representatives and assigns, to execute any and all divisional, continuation, and renewal applications for said invention or improvements, and any necessary oath or supplemental oath or affidavit relating thereto, and any application for the reissue or extension of any Letters Patent that may be granted upon said application that said assignee, its successors, legal representatives and assigns may deem necessary or expedient, and for the said considerations we further agree, upon the request of said assignee, its successors, legal representatives and assigns, in the event of said application or any division thereof, or Letters Patent issued thereon, or any reissue or application for the reissue thereof becoming involved in interference, to cooperate to the best of our ability with said assignee, its successors, legal representatives and assigns in the matters of preparing and executing the preliminary statement and giving and producing evidence in support thereof. We further agree to perform, upon such request, any and all affirmative acts to obtain Letters Patent, and vest all rights therein hereby conveyed in the said assignee. Its successors, legal representatives and assigns whereby said Letters Patent will be held and enjoyed by the said assignee, its successors, legal representatives and assigns to the end of the term for which said Letters Patent may be granted as fully and entirely as the same would have been held and enjoyed by us if this assignment and sale had not been made, and for the said considerations we hereby also assign to said assignee, its successors, legal representatives and assigns the entire right, title and interest in said invention or improvements for any and all foreign countries and the right of priority for patent and utility model applications in all countries arising under any applicable international convention for the protection of industrial property and/or any internal priority legislation of such countries, and we further agree upon the request of said assignee, its successors, legal representatives and assigns to execute any and all documents that shall be required to be executed in connection with any and all applications for foreign Letters Patent therefor, including the prosecution thereof, and to execute any and all documents necessary to invest title in said foreign applications and patents in said assignee.

WITNESS our hand and seal

Date _____ Signature _____

(3) Typed Name: ROBERT HIERMAN

(4) State of _____, County of _____

Signed before me on this _____ day of _____, 19_____

by ROBERT HIERMAN

Inventor

Date _____ Signature _____

(3) Typed Name: JOHN CHAPMAN

(4) State of _____, County of _____

Signed before me on this _____ day of _____, 19_____

by JOHN CHAPMAN

Inventor

Notary Public

Notary Public

Date _____ Signature _____

(3) Typed Name: SUN CHIONG-SON

(4) State of _____, County of _____

Signed before me on this _____ day of _____, 19_____

by SUN CHIONG-SON

Inventor

13 MAY 1997

Date X Signature X

(3) Typed Name: JEAN M. MATHIAS

(4) State of _____, County of _____

Signed before me on this _____ day of _____, 19_____

by JEAN M. MATHIAS

Inventor

Notary Public

Notary Public

Serial No. 08/742,572 Filed 10/28/1996

Name of Invention SYSTEMS AND METHODS FOR REMOVING VIRAL AGENTS FROM BLOOD

Date 22/01/97 Signature XV. Gordon

Typed Name: VERONIQUE MAYAUDON

State of _____, County of _____

Signed before me on this _____ day of _____, 19____

by VERONIQUE MAYAUDON
Inventor

Date _____ Signature _____

Typed Name: SERCE deCHELDERE

State of _____, County of _____

Signed before me on this _____ day of _____, 19____

by SERCE deCHELDERE
Inventor

Notary Public

Notary Public

Date _____ Signature _____

Typed Name: DANIEL J. BISCHOF

State of _____, County of _____

Signed before me on this _____ day of _____, 19____

by DANIEL J. BISCHOF
Inventor

Date _____ Signature _____

Typed Name: _____

State of _____, County of _____

Signed before me on this _____ day of _____, 19____

by _____
Inventor

Notary Public

Notary Public

Date _____ Signature _____

Typed Name: _____

State of _____, County of _____

Signed before me on this _____ day of _____, 19____

by _____
Inventor

Date _____ Signature _____

Typed Name: _____

State of _____, County of _____

Signed before me on this _____ day of _____, 19____

by _____
Inventor

Notary Public

Notary Public

Serial No. 08/742,572 Filed 10/28/1996

Name of Invention SYSTEMS AND METHODS FOR REMOVING VIRAL AGENTS FROM BLOOD

Date _____ Signature _____

Typed Name: VERONIQUE MAYAUDON

State of _____, County of _____

Signed before me on this ____ day of _____, 19____

by VERONIQUE MAYAUDON
Inventor

Date 24 April '97 Signature 

Typed Name: SERGE deGHELDERE

State of _____, County of _____

Signed before me on this ____ day of _____, 19____

by SERGE deGHELDERE
Inventor

Notary Public

Notary Public

Date _____ Signature _____

Typed Name: DANIEL J. BISCHOF

State of _____, County of _____

Signed before me on this ____ day of _____, 19____

by DANIEL J. BISCHOF
Inventor

Date _____ Signature _____

Typed Name: _____

State of _____, County of _____

Signed before me on this ____ day of _____, 19____

by _____
Inventor

Notary Public

Notary Public

Date _____ Signature _____

Typed Name: _____

State of _____, County of _____

Signed before me on this ____ day of _____, 19____

by _____
Inventor

Date _____ Signature _____

Typed Name: _____

State of _____, County of _____

Signed before me on this ____ day of _____, 19____

by _____
Inventor

Notary Public

Notary Public

Baxter

Supplemental Signature Sheet
(Joint Inventors)

Serial No. 08/742,572 Filed 10/28/1996

Name of Invention SYSTEMS AND METHODS FOR REMOVING VIRAL AGENTS FROM BLOOD

Date _____ Signature _____

Typed Name: VERONIQUE MAYAUDON

State of _____, County of _____

Signed before me on this _____ day of _____, 19_____

by VERONIQUE MAYAUDON
Inventor

Date _____ Signature _____

Typed Name: SERGE DEGHELDERE

State of _____, County of _____

Signed before me on this _____ day of _____, 19_____

by SERGE DEGHELDERE
Inventor

Notary Public

Notary Public

Date 11/13 Signature D. F. Bischof

Typed Name: DANIEL F. BISCHOF

State of _____, County of _____

Signed before me on this _____ day of _____, 19_____

by DANIEL F. BISCHOF
Inventor

Date _____ Signature _____

Typed Name: _____

State of _____, County of _____

Signed before me on this _____ day of _____, 19_____

by _____
Inventor

Notary Public

Notary Public

Date _____ Signature _____

Typed Name: _____

State of _____, County of _____

Signed before me on this _____ day of _____, 19_____

by _____
Inventor

Date _____ Signature _____

Typed Name: _____

State of _____, County of _____

Signed before me on this _____ day of _____, 19_____

by _____
Inventor